	<h2>Application for Employment</h2>		FORM_PDEV_ EmploymentApplication
Owner: Human Resources	Approver: VP of Finance and Administration	Rev: 11.00	Rev Date: 03/05/2021

Mail to:
 Viper Northwest, Inc.
 Attn: Human Resources
 1216 Jackson Street SE
 Albany OR 97322
 jobs@vipernorthwest.com

Viper Northwest, Inc. is an Equal Opportunity Employer, dedicated to a policy of non-discrimination based upon a person's race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age, disability, genetic information, veteran-status, or any other characteristic protected by law.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address City State Zip

Permanent Address (if different than above)

Telephone

Email Address

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination. All positions require use of information which is subject to the International Traffic in Arms Regulations (ITAR).

Position Applied For: _____

1. How did you hear about Viper Northwest, Inc.?
- | | |
|---|--|
| <input type="checkbox"/> Career/Job Fair | <input type="checkbox"/> Worksource Oregon |
| <input type="checkbox"/> Craigslist | <input type="checkbox"/> Radio Advertisement |
| <input type="checkbox"/> Employee Referral (if yes, see #2 below) | <input type="checkbox"/> Printed Advertisement |
| <input type="checkbox"/> Indeed.com | <input type="checkbox"/> Other (please specify): _____ |

2. Did a current Viper Northwest, Inc. employee encourage you to apply? If so, whom?



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II. Educational History

School Name/Location	Years Completed	Degree/Diploma
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record *(Please include all employment for the last five years).*

- | | |
|--|--------------------------|
| _____ | _____ |
| Company Name (Current or Most Recent Employer) | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone |
| _____ | |
| Reason for Leaving | |
- | | |
|----------------------|--------------------------|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone |
| _____ | |
| Reason for Leaving | |
- | | |
|----------------------|--------------------------|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone |
| _____ | |
| Reason for Leaving | |

NOTE: Use the back of this sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below.



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Please list any employers you do not want us to contact, and your reason for the exclusion:

(Employer's Name) Reason

(Employer's Name) Reason

IV. References *(Please do not include relatives.)*

1. _____
Name Occupation Years Known

Relationship Email Telephone

2. _____
Name Occupation Years Known

Relationship Email Telephone

3. _____
Name Occupation Years Known

Relationship Email Telephone

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work? _____

2. Employment Preference:

Part Time

Full Time

OR

Any

3. Shift Preference:

Day Shift

Swing Shift (generally Monday through Thursday, 4:00 p.m. to 2:30 a.m.)


Weekend Shift (generally Friday through Sunday, 6:00 a.m. to 6:30 p.m.)

OR

Any

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require? \$ _____ Per _____

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Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Viper Northwest, Inc. free of liability for the exchange of this information and any other reasonable and necessary information incidental to the employment process.

Signed: _____ **Date:** _____

Applicant Drug Screening and Employment Relationship Policy

I understand that my employment at Viper Northwest, Inc. for any position identified is contingent upon passing a pre-employment physical and UA. Once employed by Viper Northwest, Inc., I understand that I may be subject to additional testing in the following situations:

- When there is reasonable suspicion, as determined by the Company, that an employee may be in violation of the Company’s Drug and Alcohol policy;
- When an employee has been determined by the Company to have caused or contributed to a serious accident or injury;
- On a random basis;
- Blanket testing of specific locations or work groups/ departments; or
- When returning to work post injury.

I also understand and acknowledge that any employment relationship with Viper Northwest is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. I understand that this “at will” employment relationship may not be changed by any written document or by conduct unless an authorized executive of Viper Northwest, Inc. specifically acknowledges such change in writing.

Signed: _____ **Date:** _____

As a condition of employment, we ask you to agree to the terms and conditions of a non-disclosure of proprietary information agreement.

Applications remain active for 6 months.

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